

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1.
  - a. Whether there should be reimbursement for date of service 08/15/01.
  - b. The request was received on 01/24/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFAs-1500
  - c. Medical Records
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

The provider's 14 day additional information was requested on 06/07/02. No 14 day additional information is found in the case file.

2. No carrier sign sheet, carrier initial, or carrier 14 day response is found in the dispute case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 12/11/01:

"Per Rule 133.304 (k) this facility and or it's licensed health care providers is required to notify the carrier that it is dissatisfied with the carrier's final action on the enclosed medical bill(s)...In further with accordance with Rule 133.304 (K) (3) enclosed is a claim-specific substantive explanation that does enable the insurance carrier to understand the sender's position...We take pride in the thoroughness of our documentation process....we are requesting that the carrier complete the simple questionnaire....If the carrier does not fill out our questions then this office may ask that practice and compliance evaluate if this can be taken as a violation of the above laws because a good faith effort was not taken to resolve this."
2. Respondent: No response found in case file.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 08/15/01.
2. Per the provider's TWCC-60, the amount billed was \$32.00; the amount paid was \$0.00; the amount in dispute is \$32.00.

3. There are no EOBs in the dispute packet, but the provider submitted convincing evidence that the provider made attempts to request reconsideration EOBs from the carrier, therefore, the denial will be reviewed as a “F – FEE – REDUCED ACCORDING TO THE MFG.”
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
08/15/01	99212	\$32.00	\$0.00	F	\$32.00	MFG E/M GR (IV) (C) (2); (VI) (B); CPT descriptor	<p>MFG E/M GR (IV) (C) (2) states, “The appropriate levels of E/M services is based on the following: <b>TWO OF THE THREE KEY COMPONENTS</b> shall meet or exceed the stated requirements to qualify for a particular level of E/M services: office, established patient,...follow-up...”</p> <p>MFG E/M (VI) (B) defines established patient as, “...patients who present for follow-up and/or periodic re-evaluation of problems or for the E/M of new problem(s) in established patients.”</p> <p>The provider billed CPT 99212 for DOS 08/15/91. The CPT descriptor requires that “two of these three key components be met: an expanded problem focused history; an expanded focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient(s) and/or family needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.”</p> <p>The medical documentation submitted by the provider fails to meet the criteria of CPT code 99212. No reimbursement is recommended.</p>
<b>Totals</b>		\$32.00					The Requestor <b>is not</b> entitled to reimbursement.

The above Findings and Decision are hereby issued this 16th day of September 2002.

Donna M. Myers, B.S.  
 Medical Dispute Resolution Officer  
 Medical Review Division

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